

Memorandum



Date: July 07, 2005

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

Agenda Item No. 8(H)(1)(A)

From: George M. Burgess
County Manager

Subject: Resolution Authorizing the County Manager to Receive and Expend State Community Care for the Elderly Medicaid Waiver Funds from Identified Lead Agencies for Miami-Dade County, Department of Human Services

RECOMMENDATION

It is recommended that the Board approve the attached resolution authorizing the County Manager to receive and expend approximately \$625,000 in State Community Care for the Elderly (CCE) Medicaid Waiver Funds. These funds will result from services provided to Medicaid eligible elderly clients referred by the various lead agencies, as identified by the Alliance for Aging, Inc., who coordinate services for these clients. Currently there are three such lead agencies: United Home Care Services, Inc., The Miami Jewish Hospital and Home for the Aged, and First Quality Home Care, Inc. Continuation funding is being requested for Miami-Dade County, Department of Human Services. No matching funds are required. The funding period is from July 1, 2005 through June 30, 2006.

BACKGROUND

Miami-Dade County's Department of Human Services has provided State Community Care for the Elderly Medicaid Waiver services since 1993 and is seeking continuation of this funding from referral agreements with those agencies that coordinate services for CCE Medicaid Waiver eligible elderly clients. The Alliance for Aging, Inc., the agency selected by the State of Florida Department of Elder Affairs as the agency assigned to oversee and monitor CCE Medicaid Waiver funds, identifies these lead agencies. These agencies enter into referral agreements with Miami Dade County's Department of Human Services and refer their elderly clients for adult day care, home care, personal care, respite and chore services. These lead agencies are responsible for developing a care plan for each of their clients.

The reduction in funding from the previous fiscal year 2004-05 of \$750,000 to the present amount for fiscal year 2005-06 is due to the fact that there are no new referrals of clients from the lead agencies, and that the reduction of current clients is due to either their institutionalization or clients passing away. In addition, the increase in cost per client from fiscal year 2004-05 of \$5,000 for Adult Day Care and \$2,115 for Home Care to \$5,273 for Adult Day Care and \$6,250 for Home Care for fiscal year 2005-06 is the result of requested increase of services. As these elderly clients age, they require additional care and services.

Through these agreements for fiscal year 2005-06, the Adult Day Care Program will serve a total of 32 clients at six centers throughout Miami-Dade County. Each center is open Monday through Friday and provides transportation, health maintenance, counseling, recreational activities, breakfast and a hot nutritious noon time meal to each client daily. The cost per client is \$5,273

Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners
Page 2

The Home Care Program, also through these agreements, will serve 73 clients in their homes throughout Miami-Dade County. The home care staff provides homemaker services (assistance with light cleaning, meal preparation, laundry, and shopping), personal care services (assistance with bathing, dressing, and feeding), chore services (assistance with heavy/seasonal cleaning and minor repairs), and respite services (relief for family caregivers). The cost per client is \$6,250.

Services through these agreements will serve a total of 105 clients. These services are being provided as an alternative to placement in a nursing home. Attached are copies of the last resolutions approved for receipt and expenditure of these funds.



Assistant County Manager



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: July 7, 2005

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Agenda Item No. 8(H)(1)(A)

Please note any items checked.

- _____ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- _____ 6 weeks required between first reading and public hearing
- _____ 4 weeks notification to municipal officials required prior to public hearing
- _____ Decreases revenues or increases expenditures without balancing budget
- _____ Budget required
- _____ Statement of fiscal impact required
- _____ Bid waiver requiring County Manager's written recommendation
- _____ Ordinance creating a new board requires detailed County Manager's report for public hearing
- _____ Housekeeping item (no policy decision required)
- _____ No committee review

Approved _____ Mayor Agenda Item No. 8(H)(1)(A)
Veto _____ 07-07-05
Override _____

RESOLUTION NO. _____

RESOLUTION AUTHORIZING THE COUNTY
MANAGER TO RECEIVE AND EXPEND STATE
COMMUNITY CARE FOR THE ELDERLY MEDICAID
WAIVER FUNDS FROM IDENTIFIED LEAD AGENCIES
FOR MIAMI-DADE COUNTY, DEPARTMENT OF
HUMAN SERVICES; AND TO EXECUTE AGREEMENTS

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes the County Manager to receive and expend State Community Care for the Elderly Medicaid Waiver funds in the amount of \$625,000 to provide adult day care and home care services to low income elderly clients by the Miami-Dade County Department of Human Services; authorizes the County Manager to execute such contracts and agreements as are required by this federal agency following their approval by the County Attorney's Office; to execute such other contracts as will serve to further the purposes described in the funding request, following their approval by the County Attorney's Office; to expend any and all monies received for the purposes described in the funding request; to receive and expend additional funds that might become available during the term of the contract; to file and execute any necessary amendments to the application for and on behalf of Miami-Dade County, Florida; and to exercise amendment, modification, renewal, cancellation and termination clauses of any contracts and agreements on behalf of Miami-Dade County, Florida.

The foregoing resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

| | |
|-------------------------------|--------------------------|
| Joe A. Martinez, Chairman | |
| Dennis C. Moss, Vice-Chairman | |
| Bruno A. Barreiro | Dr. Barbara Carey-Shuler |
| Jose "Pepe" Diaz | Carlos A. Gimenez |
| Sally A. Heyman | Barbara J. Jordan |
| Dorrin D. Rolle | Natacha Seijas |
| Katy Sorenson | Rebeca Sosa |
| Sen. Javier D. Souto | |

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of July, 2005. This Resolution and contract, if not vetoed, shall become effective in accordance with Resolution No. R-377-04.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS

HARVEY RUVIN, CLERK

Approved by County Attorney as
to form and legal sufficiency.

By: _____
Deputy Clerk

Terrence A. Smith

Comparable Analysis

[illegible]

Memorandum



Date: September 21, 2004

Agenda Item No. 3(F)(1)(A)

To: Honorable Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

From: George A. Burgess
County Manager

Subject: Resolution Ratifying the County Manager's Action in Applying for, Receiving, and Expending Medicaid Waiver Funds for Clients Referred by United Home Care Services, Inc. for the Miami-Dade County Department of Human Services

RECOMMENDATION

It is recommended that the Board approve the attached resolution ratifying the County Manager's action in applying for, receiving and expending up to \$750,000 in Medicaid Waiver Funds from clients referred by United Home Care Services, Inc. Continuation funding is being requested for the Miami-Dade County Department of Human Services. No matching funds are required. The funding period is from July 1, 2004 through June 30, 2005. As a result of the late notification by the United Home Care Services, Inc. the contract was received after the agenda deadline requiring ratification action.

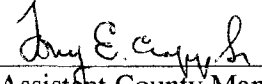
BACKGROUND

Miami-Dade County's Department of Human Services Elderly, Disability, and Veterans Services Division has applied for Medicaid Waiver Funding since 1993 and is seeking continuation of this funding from United Home Care Services, Inc. This agreement will continue to provide adult day care, home care, personal care, respite and chore services to approximately 300 elderly individuals referred by United Home Care Services, Inc.

The Adult Day Care Program serves clients at six (6) centers throughout Miami-Dade County. Each center is open Monday through Friday and provides client transportation, health maintenance, counseling, recreational activities, breakfast and a hot nutritious noontime meal to each client daily.

The Home Care Program serves clients in their own homes throughout Miami-Dade County. The staff provides homemaker services (assistance with light cleaning, meal preparation, shopping, and laundry), personal care services (assistance with bathing, dressing and feeding), chore services (heavy/ seasonal cleaning and minor repairs) and respite care.

This agreement will fund services for up to 300 clients. These services are being provided as an alternative to placement in a nursing home. One hundred percent (100%) of this grant will go to direct client services. The average annual cost per client served is \$2,500.


Assistant County Manager

Approved _____ Mayor

Agenda Item No. 3(F)(1)(A)

Veto _____

9-21-04

Override _____

RESOLUTION NO.

P-115

RESOLUTION RATIFYING THE COUNTY MANAGER'S ACTION IN APPLYING FOR, RECEIVING AND EXPENDING MEDICAID WAIVER FUNDS FOR CLIENTS REFERRED BY UNITED HOME CARE SERVICES, INC. FOR THE MIAMI-DADE COUNTY DEPARTMENT OF HUMAN SERVICES; AND TO EXECUTE AGREEMENTS

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board ratifies the County Manager's action in applying for Medicaid Waiver Funds for clients referred by United Home Care Services, Inc. in the approximate amount of \$750,000 for the purpose of providing social services to elder clients by the Miami-Dade County Department of Human Services' Elderly, Disability, and Veterans Services Division; and authorizes the County Manager to execute such contracts and agreements as are required by this governmental body following their approval by the County Attorney's Office; to execute such other contracts as will serve to further the purposes described in the funding request, following their approval by the County Attorney's Office; to expend any and all moneys received for the purposes described in the funding request; to receive and expend any additional funds that might become available during the term of the grant; to

